

Department of Mental Retardation Family Support Survey

Introduction:

In July 2002 legislation was passed, Chapter 171 of the Acts of 2002, "An Act Providing Support to Individuals with Disabilities and Their Families. This legislation requires that each year, with substantial consultation from families and individuals with disabilities, the Department of Mental Retardation prepare and submit an individual and family support plan that explains how the Department intends to provide flexible supports to individuals and families. DMR has multiple ways it seeks consultation from families and individuals, and is continually evolving different approaches to get input and ideas about flexible supports and family support services.

This survey is one of the ways DMR is seeking input about our system of family support services. The survey and questions are organized around the six major area of focus in our Annual Plan for Family Support. Completed surveys will be accepted on an ongoing basis, and the results will be tabulated and summarized in the spring of 2008 to help inform the Department as the Annual Plan for Family Support is reviewed and updated for the next year.

A full copy of DMR's Annual Plan for Family Support - Fiscal Year 2008 is posted on our website at: www.mass.gov/dmr

There are several ways you can complete and return this survey.

1. If you received the survey electronically, complete the survey and then send it back electronically via e-mail to: Margaret.van.gelder@state.ma.us.
2. You can complete a paper version of this survey and send it back by fax or mail. If you would like to submit the survey anonymously it would be best to send it in by mail.
Fax # is: (617) 624-7578- attention Margaret Van Gelder
Mailing address: Margaret Van Gelder, Department of Mental Retardation,
500 Harrison Avenue, Boston, MA 02118.

Thank you for your time and interest!

Please use the rating scale of 1- 5 below to answer the following questions.
A rating of 1 is the lowest and 5 is the highest.

I. Family Empowerment:

The goal of family empowerment is to provide opportunities for families and individuals to be involved in the development of agency policies and procedures, program development and evaluation of services as they relate to family support.

1. Do you feel you have opportunities to be meaningfully involved in the development of policies and procedures of the Family Support agency from whom you receive services?

1 2 3 4 5 Not Applicable

Rating: _____

2. Are you satisfied with this level of involvement?

___ Yes

___ No

3. If no, how you would like to be more involved?

II. Family Leadership:

The goal of family leadership is to provide families avenues to take part in educational and learning opportunities, such as the Family Leadership Series provided by Massachusetts Families Organizing for Change, or through programs offered by Family Support Providers or DMR.

4. Are you satisfied with the amount and types of educational and learning opportunities provided by Family Support Providers or DMR?

1 2 3 4 5 Not Applicable

Rating: _____

5. Would you like to see more opportunities offered?

____ Yes

____ No

6. If yes, describe the types of educational and learning programs that you wish existed.

III. Family Support Planning and Resources:

The Department is committed to providing an array of family support services and resources, including flexibility in funding options, in an effort to be responsive to and support individuals and families with varied needs.

7. Are you satisfied with the types of services and supports available to your family (*this is not referring to the amount of funding allocated*)?

1 2 3 4 5 Not Applicable

Rating: _____

8. If you **are not satisfied**, what changes would be more helpful to you and your family:

9. What degree of flexibility do you feel you have in obtaining appropriate services and supports?

1 2 3 4 5 Not Applicable

Rating: _____

10. Please describe ways in which you think services could be more flexible and helpful to you and your family:

IV. Accessing Services and Supports:

An important part of family support services is based on helping families get information and access to a whole range of community and generic services that might be available. The Department continues to work on a variety of ways to ensure that information about resources and services are available to families.

11. Are you satisfied with how you are able to get information about the services DMR provides as well as other resources and services available for families?

1 2 3 4 5 Not Applicable

Rating: _____

12. Please describe any ideas about ways to improve information and access to services and supports:

V. Culturally Competent Outreach and Support:

The Department continues to work to provide culturally responsive services and has developed a number of specific cultural initiatives across the state to promote outreach and access to services to families from different cultural and linguistic communities.

13. How well do you think DMR and our contracted Family Support Provider agencies are doing in providing culturally responsive services?

1 2 3 4 5 Not Applicable

Rating: _____

14. Please share any ideas about ways the Department could make improvements in outreach and responsiveness to families of varied cultural backgrounds, including attending to various linguistic needs.

VI. Interagency Collaboration:

The Department works with other state health and human service agencies on joint initiatives to try to better coordinate services to families and individuals with disabilities. One example of this is the Community Residential Education Project with the Department of Education (DOE/DMR Project)

15. Based on your knowledge and experience, please indicate how well you think inter-agency collaborative efforts are going.

1 2 3 4 5 Not Applicable

Rating: _____

16. Please indicate ways in which the Department could strengthen interagency activities and initiatives:

Other Comments:

This information is optional, but will be helpful to us in understanding and effectively utilizing these survey responses.

1) Does your family currently receive DMR funded family support services through one of our contracted Family Support Provider Agencies? Yes_____ No_____

2) City/town your family lives in: _____

3) Age(s) of children/family member with a disability: _____

4) Date Survey is Completed: _____